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CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT LOFEECONOMIC INTERESTS PRACTICES COVER PAGE

Date Received APRificial_U1e 02011

LAKE COUNTY REGISTRAR VOTERS

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Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
FARRINGTON	ANTHONY	W
1. Office, Agency, or Court		
Agency Name		
COUNTY OF LAKE		
Division, Board, Department, District, if applicable	Your Position	
COUNTY SUPERVISOR	DISTRICT 4 SUPERVISOR	
► If filing for multiple positions, list below or on an attachment.		
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		
☐ State	Judge (Statewide Jurisdiction)	
☐ Multi-County	County of LAKE ✓	
City of	Other	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through December 31, 2010.	, Leaving Office: Date Left/_ (Check one)	
The period covered is/, through December 31, 2010.	 The period covered is January 1 leaving office. 	1, 2010, through the date of
Assuming Office: Date/	 The period covered is/_ of leaving office. 	, through the date
Candidate: Election Year Office sought, if diffe	erent than Part 1:	
4. Schedule Summary		
	Total number of pages including this cover	: page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business	: Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule	
	Schedule E • Income – Gifts – Travel Pag	
-or-	_	
☐ None - No reportable interes	its on any schedule	
	<u></u>	
herein and in any attached schedules is true and complete. I acknowledge the	his is	
I certify under penalty of perjury under the laws of the State of Californi	a that	
Date Signed U \\ \(\begin{align*} \lambda \\ \lambda \end{align*} \\ \lambda \\ \lambda \end{align*} \\ \lambda \\ \lambda \\ \end{align*} \\ \end{align*} \\ \lambda \\ \end{align*} \\ \end{align*} \\ \lambda \\ \end{align*} \\ \lambda \\ \end{align*} \\ \end{align*} \\ \lambda \\ \end{align*} \\ align	gnatui	
Committee of the commit		

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Anthony Farrington

A PURINERS ENTITY OF TOUR	A PHONECO CATERY OR TRUCT
▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Name John TOURS	Name Dolonos J. Bains
Name POCKY Point M. CARYS	Name 95 Rock 4 Point Ad. Lakeport
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \\ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
▼ \$0 - \$499 ☐ \$10,001 - \$100,000	\$10,001 - \$100,000
△ \$500 - \$1,000	\$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT REAL PROPERTY	REAL PROPERTY
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
1658 MOTAN GARDON DAINE Clenatake, pp 95422	Lakeport CA 95453
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity of City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 6 / / 10 / 10
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	10,001 - \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Yrs, remaining Check box if additional schedules reporting investments or real property are attached
Comments: properties. Subject t	FPPC Form 700 (2010/2011) Sch. A-2
Comments: proportios. Subject to CIVII Litigation. proportions compramed my remo by count	, FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
proportions confirmed	oct. 2810
my remo by count	our, were

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Anthony Farrington

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
5100 Steelheno on.	
CITY	CITY
Kelseyville, CA 9545/	CITY Kelseyville, CA 9545
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	, FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000/	_
\$100,001 - \$1,000,000 ACQUIRED DISPOSED ***Lover \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
	☐ Gver \$1,500,500
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust
Leasehold	_
Yrs. remaining Other	Yrs, remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
_	
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source or income of \$10,000 or more.	f interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	i 1
	-
	_
fou are not required to report loans from commerc	cial lending institutions made in the lender's regular course
	public without regard to your official status. Personal loans e of business must be disclosed as follows:
of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable)	public without regard to your official status. Personal loans e of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable)	public without regard to your official status. Personal loans e of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
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of business on terms available to members of the and loans received not in a lender's regular course the same of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	public without regard to your official status. Personal loans e of business must be disclosed as follows: NAME OF LENDER*

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	
Name	
Anthony Farring	ton

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
2951 HENDRICKS Rd.	147 Cup-yoma Her
CITY TO THE PROPERTY OF THE PR	CITY
Lakepoint CA. 95453	Lakepret, CA. 9545.
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	□ e2 000 e10 000
310,001 - \$100,000/	\$2,000 - \$10,000 b 1 10 10
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
IATURE OF INTEREST	, NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	
Yrs. remaining Other	Yrs. remaining Other
RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 S500 - \$1,000 S1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000	S10,001 - \$100,000
OURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
nterest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
come of \$10,000 or more.	income of \$10,000 or more.
f business on terms available to members of the p	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows:
	public without regard to your official status. Personal loans
f business on terms available to members of the pand loans received not in a lender's regular course	oublic without regard to your official status. Personal loans of business must be disclosed as follows:
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business on terms available to members of the pand loans received not in a lender's regular course AME OF LENDER* DDRESS (Business Address Acceptable)	oublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* Communication Lender*
f business on terms available to members of the pand loans received not in a lender's regular course AME OF LENDER* DDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER	Dublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
f business on terms available to members of the pand loans received not in a lender's regular course AME OF LENDER* DDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER ITEREST RATE TERM (Months/Years)	Dublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
f business on terms available to members of the pand loans received not in a lender's regular course AME OF LENDER* DDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER	Dublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
f business on terms available to members of the pand loans received not in a lender's regular course AME OF LENDER* DDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER ITEREST RATE TERM (Months/Years) None	Dublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
f business on terms available to members of the prince to	Dublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
f business on terms available to members of the prince to	Dublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
f business on terms available to members of the pand loans received not in a lender's regular course same of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Dublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER*

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Anthony Farrington

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
1658 INDIAN GRANDA DE	
Clean Lake, CA 95422	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	\$0 - \$499
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
You are not required to report loans from commercial of business on terms available to members of the put and loans received not in a lender's regular course of	olic without regard to your official status. Personal loans
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
1	· · · · · · · · · · · · · · · · · · ·
Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Anthony Farrington

NAME OF SOURC			➤ NAME OF SOURCE
ADDRESS (Busines	ss Address Açcep	WINDREM ESQ table) ILHSEYUN Suite A CA 954	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVIT	TY, IF ANY, OF \$	OURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4,1,10	s / 201.	TO LEGAL SUCS.	\$
	\$		\$
	\$	<u> </u>	
NAME OF SOURCE	E		► NAME OF SOURCE
ADDRESS (Busines	s Address Accept	table)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVIT	TY, IF ANY, OF S	DURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
//	\$		\$
	\$		\$
	\$		//
NAME OF SOURCE			► NAME OF SOURCE
ADDRESS (Busines	s Address Accept	able)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVIT	Y, IF ANY, OF SO	DURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$		
	\$		
	\$		
			·
Comments:			

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name:
Anthony Farrington

- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 16 Street	,
	CITY, AND STATE
CITY AND STATE Sacrament CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	DIADRICO ACTIVITY IS ANY OF COURSE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (e)(3)
DATE(S): 1 1 1 2 - 12 13/1/2 AMT: \$ 605.93 (If applicable)	DATE(S):
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: TEIMSURSEMENT FOR	DESCRIPTION:
Bound Delegate thank	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (e)(3)
DATE(S):	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	